Bureau of Health Care Quality and Compliance

			PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	NVN333AGC			A. BUILDING B. WING		05/24/2011		
			STREET ADD	RESS, CITY, STA	ATE, ZIP CODE			
PARK PLACE			2305 IVES CT RENO, NV 89503					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUS CROSS-REFERENCED TO THE APP DEFICIENCY)	RRECTIVE ACTION SHOULD BE COMP ERENCED TO THE APPROPRIATE DA		
Y 000	Initial Comments			Y 000				
	The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/24/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 60 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 27. Ten resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed.  The facility received a grade of A.  The following deficiencies were identified:							
Y 955 SS=C	NAC 449.2751 Provisions for Assisted Living SS=C  NAC 449.2751 Provision of assisted living services: Prerequisites and requirements.  1. Each residential facility that wishes to provide assisted living services must apply to the Health Division to obtain an endorsement on its license authorizing the residential facility to provide assisted living services.  2. The Health Division may deny an application for an endorsement that is made pursuant to subsection 1 or suspend or revoke an existing endorsement granted pursuant to subsection 1:  (a) Based upon the grounds set forth in section 2 or 3 of this regulation; or		Y 955					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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PARK PL	ACE		RENO, NV				
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PARK PLACE			2305 IVES RENO, NV					
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	5. The services provided by a residential facility that provides assisted living services must include, without limitation, services that will enable the residential facility to retain residents who have the medical needs or conditions described in NAC 449.2712 to 449.2734, inclusive, and 449.275.  NRS 449.037 Adoption of standards, qualifications and other regulations. 7. The Board shall adopt separate regulations governing the licensing and operation of residential facilities for groups which provide assisted living services. The Board shall not allow the licensing of a facility as a residential facility for groups which provides assisted living services and a residential facility for groups shall not claim that it provides " assisted living services " unless:  (a) Before authorizing a person to move into the facility, the facility makes a full written disclosure to the person regarding what services of personalized care will be available to the person and the amount that will be charged for those services throughout the resident's stay at the facility.							
	(b) The residents of the living units which: (1) Except as otherwice contain toilet facilities (2) Contain a sleeping (3) Are shared with all	g area or bedroom; and nother occupant only u	on 8,					
	consent of both occupants.  (c) The facility provides personalized care to the residents of the facility and the general approach to operating the facility incorporates these core principles:  (1) The facility is designed to create a residential environment that actively supports and promotes each resident's quality of life and right to privacy;							

AND PLAN OF CORRECTION IDENTIFIC		IDENTIFICATION NUMB	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED	
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Y 955	welfare of any reside (2) Result in more that toilet facility; or			Y 955					
	Based on observation 5/24/11, the facility is marketing and promo	otional materials that the ving services" without a	ey are						